

# ANNUAL WATER WITHDRAWAL AND USE REPORT

## ID SUMMARY 2011

**OWNER OF GROUNDWATER RIGHT**

GOREE VIRGINIA C  
9538 N CHISTENSEN RD  
COOLIDGE AZ 85128

**TYPE OF RIGHT**

IRRIGATION USE

**RIGHT NUMBER**

58-102247.0000

**REPORTING PARTY**

58-102247.0000

VALLEY CONSULTING SERVICE

P.O. BOX 2241

COOLIDGE AZ 85128



PINAL

AMA (602) 771-8585

LOCATION: E2 SW 26 5.0S 8.0E

ALLOTMENT: 267.67 AF ACRES: 79.00

If any of the information preprinted on this report is incorrect, please make the necessary changes.

**WATER RECEIVED FROM IRRIGATION DISTRICTS - INSTRUCTIONS:**

Irrigation Grandfathered Right Holders - Use for all water received from an irrigation district.

PRIMARY DISTRICT	TYPE OF WATER		ACRE-FEET RECEIVED
Provider no. 57-001104.0000	GROUNDWATER		
Name of Irrigation District	SURFACE WATER	Decreed/Appropriative	97.71
SAN CARLOS		Normal Flow	
Your district user/account number		Spillwater	
5826-31		CAP	
Number of acres eligible to receive surface water	IN-LIEU GROUND WATER	Permit Holder Number:	
		73 -	
		73 -	
		73 -	
SECONDARY DISTRICT	EFFLUENT		
Provider no.	GROUNDWATER		
Name	IN-LIEU GROUNDWATER		
OTHER	TAILWATER ESTIMATE		
CAP			
<b>TOTAL WATER RECEIVED (a.f.)</b>			97.71

**LATE FEES**

Complete if filing after March 31.

1) Enter number of months late  
(Maximum of 6)

2) Calculate Late Report Fee  
(\$25.00 X number of months late)

\$

Note: A portion of a month after March 31 is counted as a full month.

Mail or hand deliver this report to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 2012. If hand delivered, the report must be received by the Department's Annual Reports & Planning Section no later than 5:00 PM on March 31, 2012.

REPORTS FILED AFTER MARCH 31, 2012 ARE SUBJECT TO LATE FEES (A.R.S. § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X J-8 AUTHORIZED SIGNATURE opm TITLE 3-1-12 DATE  
JAMIE SHAW PRINTED NAME 5205106032 TELEPHONE NUMBER

NOTE: THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.